



OCT-5-2003 11:38

MARGER JOHNSON ET AL

503 274 4622 P.03/03

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail Stop ISSUE FEE**
Commissioner for Patents
Alexandria, Virginia 22313-1450
Fax (703)746-4000

INSTRUCTIONS: This form should be used for transmitting the **ISSUE FEE** and **PUBLICATION FEE** (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any correction of use Block 1)

20575 7590 07/18/2003

MARGER JOHNSON & MCCOLLOM PC
1030 SW MORRISON STREET
PORTLAND, OR 97205

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Marissa Thomas

(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/686,594	10/06/2000	Yasmin Wadia	4430-57	3773

TITLE OF INVENTION: BIOCOMPATIBLE ALBUMIN LAMINA AND METHOD

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$300 <i>WJ</i>	\$0	\$300 <i>WJ</i>	10/20/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
CELSA, BENNETT M	1639	424-402000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 **Marger Johnson**2 **& McCollom, PC**

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE**Providence Health System-Oregon****(B) RESIDENCE: (CITY and STATE OR COUNTRY)****Seattle, Washington**

Please check the appropriate assignee category or categories (will not be printed on the patent)

☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:☒ Issue Fee☐ Publication Fee☐ Advance Order - # of Copies**4b. Payment of Fee(s):**☐ A check in the amount of the fee(s) is enclosed.☒ Payment by credit card. Form PTO-2038 is attached.☒ The Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number **15-1703** (enclose an extra copy of this form).

Commissioner for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

(Date)

15 OCT 03

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS.** SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

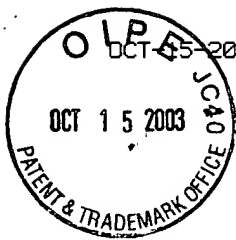
TRANSMIT THIS FORM WITH FEE(S)

PTOL-85 (REV. 05-03) Approved for use through 04/30/2004. OMB 0651-0033

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Received from <503 274 4622> at 10/15/03 2:32:31 PM [Eastern Daylight Time]

TOTAL P. 03



OCT 15 2003 11:37

MARGER JOHNSON ET AL

503 274 4622 P.01/03

PATENT APPLICATION
Attorney's Do. No. 4430-057

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re patent application of: Yasmin WADIA and Scott Alan PRAHL

Serial No.: 09/686,594 Examiner: Bennett M. Celsa

Filed: October 06, 2000 Group Art Unit: 1639

For: BIOCOMPATIBLE ALBUMIN LAMINA AND METHOD

Confirmation No. 3773

TRANSMITTAL LETTER

Mail Stop Issue Fee
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Enclosed for filing in the above-referenced application are the following:

- ☒ Issue Fee
- ☒ In connection with issuance of a patent:
 - ☐ Supplemental Declaration ☒ PTO Form 85B
 - ☒ PTO Form 2038 authorizing credit card payment for the above-listed fees
 - ☒ Any deficiency or overpayment should be charged or credited to deposit account number 13-1703. A duplicate copy of this sheet is enclosed.

Customer No. 20575

Respectfully submitted,

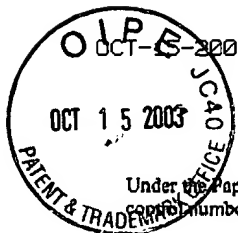
MARGER JOHNSON & McCOLLOM, P.C.

Cliff D. Weston
Reg. No. 48,307

MARGER JOHNSON & McCOLLOM, P.C.
1030 SW Morrison Street
Portland, OR 97205
503-222-3613

I hereby certify that this correspondence
is being transmitted to the U.S. Patent and
Trademark Office via facsimile number
703-746-4000, on October 15, 2003.

Marissa Thomas



OCT-15-2003 11:38

MARGER JOHNSON ET AL

503 274 4622 P.02/03

PTO-2038 (02-2000)

Approved for use through 01/31/2003. OMB 0651-0043

United States Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

United States Patent & Trademark Office
Credit Card Payment Form
Please Read Instructions before Completing this Form
Credit Card Information

Credit Card Type: Visa

Credit Card Account #: 4251 2460 0038 4971

Credit Card Expiration Date: 01/04

Name as it Appears on Credit Card: Clifford Weston

Payment Amount \$(US Dollars): \$665.00

Signature: 

Date: 15 Oct 03

Refund Policy: The Office may refund a fee paid by mistake or in excess of the required. A change of purpose after the payment of a fee will not entitle a party to a refund of such fee. The Office will not refund amounts of twenty-five dollars or less unless a refund is specifically requested, and will not notify the payor of such amounts (37 CFR 1.26). Refund of a fee paid by credit card will be via credit to the credit card account.

Service Charge: There is a 50.00 service charge for processing each payment refused (including a check returned "unpaid") or charged back by a financial institution (37 CFR 1.21(m)).

Credit Card Billing Address

Street Address 1: 1030 SW MORRISON STREET

Street Address 2:

City: PORTLAND

State: OREGON

Zip/Postal Code: 97205

Country: UNITED STATES OF AMERICA

Daytime Phone #: (503) 222-3613

Fax #: (503) 274-4622

Request and Payment Information

Description of Request and Payment Information: Issue Fee

Patent Fee	Patent Maintenance Fee	Trademark Fee	Other Fee
Application No. 09/686,594	Application No.	Serial No.	IDON Customer No.
Patent No.	Patent No.	Registration No.	
Attorney Docket No. 4430-057		Identify or Describe Mark	

If the cardholder includes a credit card number on any form or document other than the Credit Card Payment Form, the United States Patent & Trademark Office will not be liable in the event that the credit card number becomes public knowledge.

Received from <503 274 4622> at 10/15/03 2:32:31 PM [Eastern Daylight Time]